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CONFIRMATION NO. 4549

SERIAL NUMBER 10/623,488	FILING OR 371(c) DATE 07/18/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 5871-00101	
APPLICANTS David A. Nelson, Austin, TX;					
** CONTINUING DATA *****					
6/20/03 ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/22/2003					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 3
ADDRESS Conley Rose, P.C. P.O. Box 684908 Austin, TX78768-4908					
TITLE CATHETER SYSTEM AND METHOD FOR ADMINISTERING REGIONAL ANESTHESIA TO A PATIENT					
FILING FEE RECEIVED 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			